PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 3591/137-2

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS				(Column 1)		(Column 2)		TYPE		OF			
			19	 				RATE	FEE		RATE	FEE	
╟─	OR		NUMBER FILED		NUMBER EXTRA			BASIC FI	385.0	OF	BASIC FE	F 770.00	
-	OTAL CHARGE	ABLE CLAIMS	9 minus 20=		*			X\$ 9=		OR	X\$18=		
 	IDEPENDENT (minus 3 =					X43=		OR	X86=		
L	ULTIPLE DEPE	NDENT CLAIM I	PRESENT					+145=		OR	+290=		
*	If the differenc	e in column 1 is	s less than z	ero, enter	"0" in	column 2		TOTAL		OR	TOTAL	770	
	(CLAIMS AS	AMENDE	MENDED - PART II							OTHER	THAN	
_		(Column 1)	•	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF M	Minus	***		=		X43=		OR	X86=		
	THOTFICO	INTATION OF M	OLIFLE DE	PENDENT	CLAIM			+145=		OR	+290=		
								TOTAL		┨ _╱ ू╵	TOTAL		
(Column 1) (Column 2) (Column 3)									<u> </u>		ADDIT. FEE		
6		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	ן ר		ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
NDM	Total	*	Minus	**		=	ſ	X\$ 9=		OR	X\$18=		
AM.	Independent	*	Minus	*** .		=	ſ	X43= ·		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM	·	┟			d°`∤			
							L	+145=		OR	+290=		
								TOTAL ODIT. FEE		OR ,	TOTAL ODIT. FEE		
-		(Column 1)	· -	(Column		(Column 3)						•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
E L	Independent		Minus	***		=	-	X43=			X86=		
	FIRȘT PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		\vdash			OR	/100-		
* If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
*** !!	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pain nber Previously Pain	id For IN THIS id For IN THIS	SPACE is le	ss than	20, enter "20." 3, enter "3."		TOTAL DIT. FEE			TOTAL DDIT. FEE		
	g		Liviai O	achengent	is nie n	האיובאו וותווומקו ו	OUTIO	ini nie app	chusis po	in colui	181 1.		